UNITED STATES DISTRICT COURT

for the

| United States of America |))) |
|--------------------------|------------------------|
| Plaintiff(s) V. | —)) Civil Action No. |
| Eugenii Glushchenko |))) |
| Defendant(s) |) |
| |) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Eugenii Glushchenko Eloy Detention Center 5501 N. La Palma Rd.

Eloy, AZ 85131

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Bill C. Solomon

Assistant U.S. Attorney

United States Attorney's Office

District of Arizona

40 N. Central Ave., Suite 1800 Phoenix, AZ 85004-4449

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

| | CLERK OF COURT |
|-------|------------------|
| Date: | Signature of Cle |

ISSUED ON 8:38 am, Jul 11, 2019 s/ Brian D. Karth, Clerk Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | This summons for (nam | ne of individual and title, if any | v) | | | | |
|--------|-------------------------|--|--|----------|--|--|--|
| was re | ceived by me on (date) | | | | | | |
| | ☐ I personally served | the summons on the indi | vidual at (place) | | | | |
| | | | on (date) | ; or | | | |
| | ☐ I left the summons a | at the individual's resider | nce or usual place of abode with (name) | | | | |
| | | , a person of suitable age and discretion who resides there, | | | | | |
| | on (date) | , and mailed a c | opy to the individual's last known address; or | | | | |
| | ☐ I served the summo | ns on (name of individual) | | , who is | | | |
| | designated by law to a | accept service of process | on behalf of (name of organization) | | | | |
| | | | on (date) | ; or | | | |
| | ☐ I returned the summ | nons unexecuted because | | ; or | | | |
| | ☐ Other (specify): | | | | | | |
| | | | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | | |
| | I declare under penalty | of perjury that this infor | rmation is true. | | | | |
| | | | | | | | |
| Date: | | | | | | | |
| | | | Server's signature | | | | |
| | | _ | Printed name and title | | | | |
| | | _ | Server's address | | | | |

Additional information regarding attempted service, etc:

Print Save As... Reset